

9PL010TWSM  
R2020-11715

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

REEDSBURG POLICE DEPARTMENT  
200 SOUTH PARK STREET  
REEDSBURG, WI 53959  
(608) 524-2376

9PL010TWSM

Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy <b>B. CUTRELL</b>	
Crash Date <b>10/02/2020</b>		Crash Time <b>04:47 PM</b>		Date Arrived <b>10/02/2020</b>		Time Arrived <b>04:47 PM</b>	
Date Notified <b>10/02/2020</b>		Time Notified <b>04:47 PM</b>		Total Units <b>02</b>		Total Injured <b>01</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure		<input type="checkbox"/> Work Zone		<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram	Reconstruction By
	Photos By <b>REPD153</b>
	Additional Information <b>PHOTOS</b>

☒ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

ON THE ABOVE DATE/TIME I RESPONDED TO THE AREA OF MAIN ST AT PARK ST FOR THE REPORT OF A 2 VEHICLE ACCIDENT. I ARRIVED AND MADE CONTACT WITH THE DRIVER OF UNIT 1 WHO SAID THEY HAD BEEN WESTBOUND ON E MAIN ST IN THE INSIDE LANE BEHIND UNIT 2. UNIT 1 DRIVER SAID SHE SAW THE LIGHT TURN GREEN AND BEGAN TO ROLL FORWARD, SHE THEN NOTED THAT UNIT2 WAS NOT MOVING FORWARD. SHE THEN ATTEMPTED TO APPLY THE BRAKE, BUT PRESSED THE ACCELERATOR INSTEAD. UNIT1 THEN JOLTED FORWARD AND CONTACTED UNIT2. BOTH OCCUPANTS OF UNIT1 SAID THEY WERE UNINJURED. UNIT2 DRIVER SAID HIS KNEE HAD HIT THE CONSOLE WHEN HE WAS JOLTED FORWARD BUT DID NOT WISH TO HAVE MEDICAL ATTENTION.  
BTC153

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## Location

ON MAIN ST/ STH23 WB 50 FT E OF N PARK ST IN THE CITY OF REEDSBURG IN SAUK COUNTY	Latitude <b>43.532501618</b>	Longitude <b>-90.006407061</b>
	X Coordinate <b>257073.578125</b>	Y Coordinate <b>4824343</b>
	Structure Type <b>NO STRUCTURE</b>	

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>03 - FRONT TO REAR</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLOUDY</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>INTERSECTION-RELATED</b>	Intersection Type <b>FOUR-WAY INTERSECTION</b>	

## Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER VAN</b>				Operating As Endorsements	
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>NO</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>25</b>	Total Lanes <b>4</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>TRAFFIC SIGNAL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

## Vehicle

UNIT 01 VEHICLE	License Plate Number <b>AGU2518</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>2C4RC1BG4ER307165</b>		Make <b>CHRYSLER</b>	Year <b>2014</b>	Model <b>TOWN &amp; COU</b>	
	Color <b>RED - RED</b>		Body Style <b>VN - VAN</b>		Bus Use	
	Initial Contact Point <b>12 - FRONT</b>		Vehicle Damage			
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		<b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>			

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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OWNER</b>			
		What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors			
		Driver Prior Action Other		<b>NOT APPLICABLE</b>			
		Driver Actions <b>FAILURE TO CONTROL</b>					
01	01	Owner Name <b>QUINCY L HAHN (608) 415-8538</b>		Owner Address <b>1122 OLD LOGANVILLE RD REEDSBURG, WI 53959 , US</b>			
		<b>Sequence Of Events</b>					
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>					
		Event					
		Event					
		Event					
01	01	<b>Individual</b>					
		Driver <b>EMILY JEAN HAHN (608) 415-3685</b>		Citations Issued <b>1</b>	Sex <b>FEMALE</b>		
		Date of Birth <b>11/25/1998</b>		Race <b>WHITE</b>			
		Address <b>1122 OLD LOGANVILLE RD REEDSBURG, WI 53959 , US</b>		Driver License Number <b>H5002109892509 STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01	001	<b>Safety Equipment</b>		On Duty Crash		Safety Equipment	
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
01	001	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>	
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>		
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #	
		Hospital		Date of Death		Time of Death	
01	001	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
		Distracted By Action <b>NOT DISTRACTED</b>					
01	001	<b>Non Motorist</b>		Striking Unit #		Location	

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		Action																									
		Action Other		To/From School																							
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UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
	01	002	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
			Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results
			Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results
			Drug Type			
			Individual Condition <b>APPEARED NORMAL</b>			
			<b>Violations</b>			
	01	001	UTC Number <b>BD874938</b>	Issue To? <b>001</b>	Statute Number <b>344.62(1)</b>	Description <b>OPERATE MOTOR VEHICLE W/O INSURANCE</b>

Unit Summary

UNIT	02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>			
		Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>					Operating As Endorsements		
		Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>			
		Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>25</b>	Total Lanes <b>4</b>			
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>			
		Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>TRAFFIC SIGNAL</b>		Traffic Control Inoperative/Missing <b>NO</b>			
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>			
		Truck Bus or HazMat <b>NO</b>							
		VEHICLE	02	<b>Vehicle</b>					
				License Plate Number <b>SWNNY</b>		Plate Type <b>CVG - CIVILIAN GROUP</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>1FM5K8D82DGA05921</b>				Make <b>FORD</b>	Year <b>2013</b>	Model <b>EXPLORER</b>			
Color <b>BLK - BLACK</b>				Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use			
Initial Contact Point <b>06 - REAR</b>				Vehicle Damage					
Extent Of Damage <b>MINOR DAMAGE</b>				<b>05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER</b>					

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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		
		What Driver Was Doing <b>STOP IN TRAFFIC</b>		Vehicle Factors		
		Driver Prior Action Other		<b>NOT APPLICABLE</b>		
		Driver Actions <b>NO CONTRIBUTING ACTION</b>				
02	02	Owner Name <b>KEVIN ROBERT SWANSON (608) 963-8171</b>		Owner Address <b>632 GEHIN ST BELLEVILLE, WI 53508 , US</b>		
		<b>Sequence Of Events</b>				
UNIT	INDIVIDUAL	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		02	Event			
		03	Event			
		04	Event			
UNIT	INDIVIDUAL	<b>Policy Holder</b>				
		Insurance Company <b>AMERICAN-FAMILY-CONNECT-PROPERTY-&amp;-CA</b>		Individual <b>KEVIN SWANSON</b>		
UNIT	INDIVIDUAL	<b>Individual</b>				
		Driver <b>KEVIN ROBERT SWANSON (608) 963-8171</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
UNIT	INDIVIDUAL	Date of Birth <b>07/11/1973</b>		Race <b>WHITE</b>		
		Address <b>632 GEHIN ST BELLEVILLE, WI 53508 , US</b>		Driver License Number <b>S5255167325100 STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
02	003	<b>Safety Equipment</b>		On Duty Crash		
		Safety Equipment				
02	003	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>		
		Helmet Use		Helmet Compliance		
02	003	Eye Protection		Tint Compliance		
		<b>Injury</b>		Injury Severity <b>POSSIBLE INJURY</b>	Airbag <b>NON DEPLOYED</b>	
02	003	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #	
02	003	Hospital		Date of Death	Time of Death	
		<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
02	003	Distracted By Action <b>NOT DISTRACTED</b>				

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UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location	
		Prior Action				
		Action				
		Action Other				To/From School
02	003	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results	
		Drug Type				
		Individual Condition <b>APPEARED NORMAL</b>				